

**REGISTRAR'S OFFICE**

Georgia Public Safety Training Center  
1000 Indian Springs Drive  
Forsyth, GA 31029

Telephone 478-993-4412 Fax Phone 478-993-4303

# Student Authorization Form

**FOR GPSTC OFFICE USE ONLY**

Entered By: \_\_\_\_\_

## AGENCY INFORMATION

## COURSE INFORMATION

*Please print or type all agency information*

- (1) Agency \_\_\_\_\_
- (2) GPSTC Dept. Code \_\_\_\_\_  
(from mailing label)
- (3) Address \_\_\_\_\_
- (4) City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- (5) Agency Phone # \_\_\_\_\_ Fax # \_\_\_\_\_
- (6) Training Officer Phone # \_\_\_\_\_
- (7) Email \_\_\_\_\_
- (8) Agency Head (or designee) \_\_\_\_\_
- (9) Type of Agency      Government      Subscription  
                                    Municipal      State      Private Corporation  
                                    County      Federal      Profit      Non-Profit (under IRS provisions)  
                                    Out-of-State      Private Citizen

- (10) GPSTC Program Code \_\_\_\_\_

- (11) Course Title \_\_\_\_\_

- (12) Dates \_\_\_\_\_

**Only three (3) students per agency should be listed, in order of acceptance priority.**

	Student #1	Student #2	Student #3
(13) Name			
(14) SSN			
(15) Sex			
(16) Certification #			
(17) Certification Date			
(18) Certification Type			
(19) Date of Birth			
(20) Rank			
(21) Current Assignment			

**WAIT LISTED STUDENTS – If placed on the waiting list, students can not be registered for any other class with the same title NOR any class that starts or ends during the same period. The waiting list is for this class only. If the student is not selected for this class before the start date, the application will be cancelled.**

### AUTHORIZATION

By the signature below, I verify that the student(s) listed above has met or will have met all prerequisites for this class by the start date. All applicants for this program must supply proof to the course coordinator on the first day of class that he/she has satisfactorily completed the noted prerequisites. Failure to do so will require that the applicant be dismissed from the training program. Check with the sponsoring agency for verification of prerequisite.

- (22) Agency Head (or Designee) \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(Type or Print)
- (23) Signature \_\_\_\_\_

### Authorization for GEMA Programs only (Courses with prefixes EEMA)

- (24) Signed \_\_\_\_\_ Agency \_\_\_\_\_ Date \_\_\_\_\_  
(Must be signed by the local Emergency Management Agency Director)